

Case Number:	CM15-0193042		
Date Assigned:	10/07/2015	Date of Injury:	07/29/2011
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female with a date of industrial injury 7-29-2011. The medical records indicated the injured worker (IW) was treated for status post cervical fusion and chronic pain syndrome. In the progress notes (8-21-15), the IW reported low back pain, rated 5 out of 10, with increased pain in the right leg with fasciculations. Her least pain was rated 1 out of 10 and worst pain was 10 out of 10. Norco and Ultram were reportedly helpful for the pain and enabled her to continue with activities of daily living. She was also taking Flexeril. Her pain was slightly improved from the previous visit (7-24-15). The examination on 8-21-15 showed increased symptoms compared to the previous exam on 7-24-15. Straight leg raise was positive on the right at 60 degrees. There was pain on palpation of the lumbar intervertebral spaces and trigger points were present in the lumbar paraspinal muscles. Anterior lumbar flexion was 50 degrees and extension was 10 degrees; both movements caused pain. Motor strength and deep tendon reflexes were normal. Lower extremity sensation was decreased along the lateral right thigh. Treatments included several transforaminal and caudal epidural steroid injections with at least 50% pain relief lasting 4 to 8 weeks. The IW was permanent and stationary. The 8-21-15 notes stated the last lumbar MRI was done in 2012 and showed impingement of the L5-S1 nerve roots. The treatment plan included MRIs of the low back and sacroiliac joints to assess for changes since the IW had increased symptomatology. Request for Authorization was received for MRI of the lumbar spine with contrast and MRI of the bilateral sacroiliac (SI) joints with contrast. The Utilization Review on 9-11-15 non-certified the request for MRI of the lumbar spine with contrast and MRI of the bilateral sacroiliac (SI) joints with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of The L-Spine with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

MRI Bilateral SI (sacroiliac) Joints with Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This injured worker had prior radiographic studies including MRI of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the lumbar pathology had been delineated and documented on prior studies and there are no red flags on physical exam. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a bilateral SI joint MRI is not substantiated in the records.